FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Daytime Phone # 0076445

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N50614 (9)

THE PSYCHOLOGY OF MIND FOUNDATION, INC.

Principal Place	of Business	Mailing Address			FEI GANK OOKO ONOFINDA	NIND HINDI DEBIL DIGH	41811 81811 8FA		
P.O. BOX 1100 LA CONNER WA 98257 US		P.O. BOX 1100 LA CONNER WA 98257-1100 US							
00				09/01/			ast Report 6/1996		
	ace of Business Third Ave. West	2a. Mailing Address	Ave. We	4. FEI Number	APPLICABLE	08	Applied Not App		
Suite, Apt. #, etc. 22 Sude 350		Suite, Apt. #, etc. 27 Sute 350		5. Certificate of	:		75 Additio	onal	
City & State 23 Bradenton FL		City & State 28 Bradenton FC		6. Election Can Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees		
Zip	Country D S 25 USA	Zip	Country	8. This corpora	tion has liability for i	intangible tax un			
24 342	9. Name and Address of Current	29 3 4 20 S Registered Agent	J USA	Florida Statu	tes L Address of New Re	Yes No			
			81 Name	Alexandra					
					ber is Not Acceptab	ole)	. 26		
	D AVE. WEST	63	11 Thus		<u>vest s</u>	je 35	0		
DOINE ZOU						······································			
DIVUEN	HON FL 34200		84 City B	radenton		FL 85	Zip Code	5	
11. Pursuant t	o the provisions of Sections 617,0502	and 617.1508, Florida Statutes	the shove-named	corporation submits this	statement for the p	uroose of chanc	ing its regi	stered	
office or re agent Lar	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut lions of, Section 617.0503, Florid	inorized by the corp da Statutes	poration's board of direc			nt as regist	tereo	
SIGNATURE _	Alexandra St.	Paul Clus	- Lust		3-9	5-97			
12.	Signature, typied or printed name of registered agen OFFICERS AND		Registered Agent signature 13.		HANGES TO OFFIC	DATE CERS AND DIREC	CTORS IN	12	
TITLE	-PD -	DELETE		DIRECTOR		∑ Ch		Addition	
NAME	PRANSKY, GEORGE S.		1.2 NAME	George S.	Pransky	•			
STREET ADDRESS	212 MORRIS ST	7	1.3 STREET ADDRESS	212 'Mor	ris Strek	. t-			
CITY-ST-ZIP	LA CONNER WA		1.4 City-ST-ZiP	La Conner	· WA G	78257			
TITLE	VPD	▼ DELEYE	2.1 TITLE	C/D		☐ Ch	ange 🔀	Addition	
NAME	MILLS, ROGER,		2.2 NAME	Judith A.	Sedgeman				
STREET ADORESS	1000 S FREEMONT AVENUE		2.3 STREET ADDRESS	212 Morri					
CITY-ST-ZIP	ALHAMBRA CA		2. 4 CITY-ST-ZIP	La Conner	WA 982				
TITLE	TD	DELETE	3.1 TITLE	V/D		☐ Ch	ange 🔀	Addition	
NAME	KROT, SANDRA		3.2 NAME	Bob Gunn		4			
STREET ADDRESS	212 MORRIS STREET		3.3 STREET ADDRESS	111	ce Line Ro				
CITY-ST-ZIP	LACONNER WA	I DECETE	3.4. CITY-ST-ZIP	Hopewell	NJ 085	25 Ch	2000	Addition	
TITLE		L.) DELETE	4.1 TITLE	T'/D			unite Ter	MUUIIIVII	
NAME STREET ASSESSES			4. 2 NAME 4.3 STREET ADDRESS	Lynn Keys 37746 SE	Rickent				
STREET ADDRESS			4.4 CITY - ST - ZIP	Corbett c	R 97019				
CITY-ST-7IP TITLE		DELETE	5.1 TITLE	CONDUIT C	4, , , , ,	Ch	ange	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
1/TLE		☐ DELETE	6.1 TITLE			☐ Ch	ange 🔲	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-7IP		<u>-</u>	6.4 CITY-ST-ZIP						
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the exemption s	tated in Section 119.07	3)(i), Florida Statute	s. I further certify	that the	ath: that	
I am an of	oy certify that the information supplied in indicated on this annual report or su fficer or director of the corporation or in Block 2 or Block half changed, or	the receiver of trustee empower on an attachment with an addre	ed to execute this ress.	report as required by C	napter 617, Florida S	statutes; and tha	t my name	,	